



Breastfeeding

Refer to the health care provider any patient with a risk condition or question about breastfeeding that you are unable to answer.

Breastfeeding is a natural “safety net” against the worst effects of poverty. If the child survives the first month of life (the most dangerous period of childhood), then for the next four months or so, exclusive breastfeeding goes a long way toward canceling out the health difference between being born into poverty and being born into affluence... it is almost as if breastfeeding takes the infant out of poverty for those first few months in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born.

— James P. Grant, Executive Director of UNICEF

Goal

Help the client to:

- state how breastfeeding will benefit her and her baby
- deal with any concerns she or her support person(s) may have about breastfeeding
- breastfeed successfully for as long as she wants

Background

It is only in the last 50 years or so that it has been common to feed babies with anything but breast milk. Breast milk substitutes gained in popularity during the 1950s and 60s, when breastfeeding hit an all-time low. Hundreds of research studies have documented the many benefits of breastfeeding, for both the nursing infant and the mother. Although more women now choose to breastfeed, many

people still have negative ideas about breastfeeding. Unfortunately, it is still common for new mothers to receive misinformation about breastfeeding that results in their babies being weaned too early.

Important Information

Breastmilk gives infants the best start.

- Human milk perfectly meets the nutrition needs of the infant.
- It is always fresh and available at the right temperature.
- Human milk is easy for the baby to digest. Breastfed babies hardly ever have problems with constipation or diarrhea.
- Breastfeeding promotes proper tooth and jaw formation.
- Human milk contains disease-fighting substances (antibodies) that protect the infant from illnesses such as meningitis, diarrhea, ear infections, and infant botulism.
- The American Academy of Pediatrics recommends that infants be breastfed for at least their first year.

Breastfeeding has health benefits for the mother too.

- Breastfeeding triggers release of a hormone that contracts the uterus. This decreases the amount of blood lost after childbirth and quickens the uterus' return to its preconception size.
- Breastfeeding helps a woman lose excess weight.
- Breastfeeding helps increase the amount of time between pregnancies for women who choose not to use other methods of birth control.
- Women who breastfeed are much less likely to develop cancer of the ovaries or breast.
- Breastfeeding saves mothers both money and time.





Breastfeeding (cont.)

Many women have mistaken ideas about breastfeeding

Even though there are many health and economic advantages of breastfeeding, many women are unsure if it is the right choice for them. The most commonly mentioned barriers to breastfeeding are embarrassment, not enough confidence, loss of freedom, diet and health concerns, and opinions of family and friends (see Common Breastfeeding Barriers).

Most breastfeeding women wean their babies before they are 2 months old. Poor knowledge and lack of support for breastfeeding at the hospital and on the part of health care workers, family, and friends all contribute to many women feeling that they have nowhere to turn to for help when they encounter breastfeeding difficulties.

Items to Consider

Some women should not breastfeed

While almost all women can breastfeed their infants, there are a few women who may put their baby at risk by breastfeeding. Women with the following risk factors need to discuss infant feeding plans with their health care provider:

- Has tested positive for HIV
- **Is currently** using street drugs including heroin, cocaine, ecstasy, methamphetamines or marijuana
- Cannot limit her alcohol intake to less than 2 drinks daily.

Use the guidelines under Referral for situations that require the expertise of a health care provider and/or lactation specialist.

Medication use and breastfeeding

For most medical conditions there is medication that may be prescribed that is safe to use while breastfeeding. Health care providers have resources available to research the risks and benefits of each drug and select therapies shown to be safe. In general, women enrolled in a methadone treatment program are able to breastfeed under the supervision of their pediatrician. Breastfeeding women should discuss taking over the counter medications with their health care provider.

Some mothers may need to delay or interrupt breastfeeding.

Sometimes mothers must temporarily or permanently stop breastfeeding. Guidance from the health care provider is needed if a woman:

- Is receiving chemotherapy
- Is being treated with radioactive materials
- Has active, untreated tuberculosis (TB)
- Has open herpes lesions on her breast

Before a woman is counseled to stop breastfeeding, the health care provider should carefully weigh the risks of the infant receiving breastmilk against the risks of NOT breastfeeding. A recommendation to stop breastfeeding temporarily or permanently should be based on accurate information from reliable sources, not solely the Physician's Desk Reference.

Lactation specialists and some WIC agencies have resources for mothers that need to pump and discard milk. These women will benefit from specific instructions on how to maintain their milk production while they temporarily stop breastfeeding.

Infants needing special formula

Newborn testing identifies babies with galactosemia who cannot digest human milk and must receive special formula.

Some women already have experience with breastfeeding

If the client has successfully breastfed her other children for as long as she wanted to, plans on breastfeeding this child, and does not have any questions or concerns, give her encouragement for making this choice. Later in her pregnancy, provide her with the names and phone numbers of breastfeeding support programs in her area.

Be aware of your own feelings about breastfeeding

You may have had personal experience with breastfeeding. Your own experience may affect how you talk about breastfeeding with the client. There are strong emotions attached with breastfeeding. It is important to identify your own feelings. It may help to talk about your past experiences and feelings with the lactation specialist in your area.

